

Spill ID Number
04-16-045992
Y Y M M D D 0-99 *closed*

Date of Incident 6-24-91	Day of Week Monday	Time of Incident 6:45	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Jim Kowitz	Telephone Number (715) 398-3533
Date Reported 6-25-91	Day of Week Tuesday	Time Reported 9:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Murphy Oil Refinery	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved Liquid Asphalt		Quantity 400	Units gallons	Person or Firm Responsible Murphy Oil Refinery	
Substance Involved		Quantity	Units	Contact Name Jim Kowitz	Telephone Number (715) 398-3533

Physical Characteristics

Solid Liquid Color black

Semisolid Gas Odor oil

Address - Street or Route
P.O. Box 2066

City, State, Zip Code
Superior, WI 54880

Cause of Incident
Operator left wrong valve open

Exact Location Description (intersection, mileage, etc.)
Stinson Ave. - Tank #90

County Location
Douglas

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water

Date District Notified
6-25-91

Day of Week
Tuesday

Time District Notified
9:10

A.M.
 P.M.

District Person Notified
Chris Margenau

Telephone Number
(715) 635-2101

Date Investigated
6-24-91

Day of Week
Monday

Time Investigated
7:00

A.M.
 P.M.

Person Investigating
Joe Davidowski

Telephone Number
(715) 392-5888

Action Taken By Spiller

No Action No Notification Investigate

Taken Notification Investigate

Containment; Type dyked

Cleanup; Method picked up w/front end loader and shovels after it solidified

Amount Recovered Recovered 99%

Monitor

Contractor Hired; Name

Other Action

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other refinery

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type

Contractor Hired By DNR; Name

Amount Recovered

29.29 Enforcement

Other Agencies on Scene

Local _____

State DNR

Federal _____

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other recycled if not too dirty

Person Filing This Report (print name)
Joe Davidowski

Signature Joe Davidowski Date Signed 6-25-91

Additional Comments:

Warden Davidowski was called at his home at 7 p.m. on 6-24-91 and notified of the spill.

The Superior DNR office called Murphy Oil the next morning to get details for this report.

SUBSTANCE SPILL/RELEASE ALERT FORM

04-16-045992 add gr
closed

Spill No./Notification Date and Military Time <u>91 6 24 19:15</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>91 6 24 18:45</u> YY MM DD TIME County: <u>Douglas</u>
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VIA DISTRICT / SP **REPORTING INFORMATION**

Reported by: <u>PAT ABRAHAMSON</u> (name) Address _____ City _____ State _____ Zip _____ Telephone _____ Spill Contact Person/Firm: <u>PAT ABRAHAMSON</u> (if different from above) Telephone _____	Person/Firm Responsible: <u>Murphy Oil</u> Address <u>24th Ave East & 26th St.</u> City <u>Superior</u> State <u>WI</u> Zip _____ Telephone <u>715-398-3533</u> Address <u>see above</u> City _____ State _____ Zip _____
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SUBSTANCE INFORMATION

Name of Substance/ Quantity Involved:	<u>Asphalt 400 gallons</u>										
	<input type="checkbox"/> EHS Chemical			<input type="checkbox"/> CERCLA Chemical			<input checked="" type="checkbox"/> Unknown				
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
<u>?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SITE INFORMATION

Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
24th Ave E. & 26th Street

Source of Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____ Weather Conditions Wind Speed <u>?</u> and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	Spill Destination <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):
NONE

<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">No</td> <td align="center">Unknown</td> <td align="center">Yes</td> <td align="center">Number</td> </tr> <tr> <td>Injuries</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td>Fatalities</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td>Facility Evacuated</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td>Public Evacuated</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Hospital</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td> School</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> <tr> <td> Other/Type</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> <td align="center">[]</td> </tr> </table>		No	Unknown	Yes	Number	Injuries	[]	[]	[]	[]	Fatalities	[]	[]	[]	[]	Facility Evacuated	[]	[]	[]	[]	Public Evacuated	[]	[]	[]	[]	Shelter facility:					Hospital	[]	[]	[]	[]	School	[]	[]	[]	[]	Other/Type	[]	[]	[]	[]	Shelter Location and Name _____ _____ _____ _____
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RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

<input type="checkbox"/> Fire _____	Incident Commander _____
<input type="checkbox"/> Law Enforcement _____	Name _____
<input type="checkbox"/> DNR _____	Title _____
<input type="checkbox"/> County EG _____	Dept. _____
<input type="checkbox"/> EMS _____	Telephone _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	608 846 2801	Bill Engfer
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

Narrative: Cause of incident/Actions being taken/Other information:

Overflow of storage tank.

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	_____
<input type="checkbox"/> DNR (Duty Officer pager)	608 846 2601	Bill Engfer
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DH&SS	(608) 266-2830	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	1-800-424-8802	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

INCIDENT FOLLOW-UP (to include date and time)

AGENCY DEFINITIONS

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency US Coast Guard)
DNR	Department of Natural Resources	DILHR	Dept. of Industry, Labor and Human Relations
DOT/State Patrol	Dept. of Transportation	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Alan L. Whiffled ← *JAME*

Signature of DEG Duty Officer

Signature of Preparer

*** FOIA INCIDENT REPORT 76791 ***
FOIA#: NRC.0616

INCIDENT DESCRIPTION

Report taken by S MACHOVINA on June 24, 1991 at 20:11.
Incident Type: FIXED Container Type: Above Ground
Tank Capacity: 35700 BBL(S)
Incident Cause: OPERATOR ERROR Affected Medium: LAND
Affected Area: CLAY
The incident occurred on 24-JUN-91 at 18:45 local time.

SOURCE/CAUSE OF INCIDENT

STORAGE TANK / OPENED WRONG VALVE

INCIDENT LOCATION

24TH AVE EAST
SUPERIOR, WI 54880
County: DOUGLAS

RELEASED MATERIAL(S)

CHRIS Code: ASP ASPHALT
Qty Released: 400.00 GAL Qty in Water: .00 NON

DAMAGE

Injuries: 0 Fatalities: 0 Evacuations: 0 Damages: 0

REMEDIAL ACTIONS

CLEANUP IN PROGRESS.

REPORTING PARTY

Organization: MURPHY OIL USA
Address: 24TH AVE EAST
PO BOX 2066
SUPERIOR, WI 54880
Type of Organization: PRIVATE ENTERPRISE
MURPHY OIL USA called for the responsible party.

SUSPECTED RESPONSIBLE PARTY

Organization: MURPHY OIL USA
Address: 24TH AVE EAST
PO BOX 2066
SUPERIOR, WI 54880
Type of Organization: PRIVATE ENTERPRISE

NOTIFICATIONS BY CALLER

EPA: STATE: CG:Y OTHER: DESC: DULMS

NOTIFICATIONS BY NRC

Agency: U.S. EPA V Date: 24-JUN-91 Time: 20:21

ADDITIONAL INFORMATION

*** END FOIA INCIDENT REPORT 76791 ***